

U.S. Department of Labor

Employment and Training Administration
The Curtis Center, Suite 815 East
170 S. Independence Mall West
Philadelphia, PA 19106-3315
(215) 861-5500 Fax: (215) 861-5520



March 1, 2006

DIRECTIVE:	REGION 2 PRH SUPPLEMENT NO.	4.5R3
------------	-----------------------------	-------

TO ALL REGION 2 CENTER DIRECTORS
ALL REGION 2 CENTER OPERATORS
ALL REGION 2 AGENCY CENTER OPERATORS
ALL REGION 2 OUTREACH & ADMISSIONS OPERATORS
ALL REGION 2 CAREER TRANSITION SERVICE OPERATORS

FROM: LYNN INTREPIDI
Regional Director,
Office of Job Corps

SUBJECT: PLACEMENT VERIFICATION AND DOCUMENTATION
REQUIREMENTS

1. **Purpose:**

To establish an optional use Placement Verification Form that meets the requirements of the PRH and to establish policy on liquidated damages for invalid placements.

2. **Background:**

PRH exhibit 4-2 outlines placement verification and document requirements. CTS operators, in collaboration with NTCs, JACs, Job Corps centers, verify and document placements when the documentation meets the requirements of PRH exhibit 4-2. During the May 2004 Regional Director's meeting, participants expressed concern about the variety of forms used to verify and document placements that have been developed by various agencies and operators and requested the Regional Office standardize a document that all agencies should use. The form was revised based on CTS feedback during the 2004 Alpha conference. Since that time, CTS contractors have expressed concern about the mandatory use of the form and adopted additional instruments that meet the required criteria. The National Office is forming a CTS workgroup in the spring of 2006 that will, among its many tasks, consider developing a national standard for use of a placement verification form for instances where alternate documentation cannot be secured.

Unverifiable placements identified through the post placement follow-up are determined as "questionable placements" until the Regional Office receives verification from the CTS contractor. The Regional Office ultimately decides whether the placement is valid or

invalid. If the placement is determined to be invalid, Section G of the prime contract proposal requires the contractor to be held financially responsible for the costs associated with placements.

3. Process:

Contractors may use the Regional Placement Verification form or request approval from the Region for an alternative form that meets PRH requirements. Unless otherwise defined in the Prime Contract, each contractor shall be held financially responsible for the costs associated with placements found to be invalid, and shall be required to reimburse the government in the amount of \$750 per invalid placement.

4. Action:

A. Job Corps Centers and Support Contractors:

1. CTS operators will coordinate with center directors and support contractors (McNeil, NTCs, and Appalachian Council) and provide them with a copy of their policies regarding placement verification documentation.
2. Center, NTC, and other support contractors shall collaborate with CTS providers when reporting identified placements. Placement verification documentation shall be furnished to the CTS within the timetables outlined in the PRH.

B. CTS Providers:

1. Operators shall ensure CTS Project Directors update Standard Operating Procedures (SOPs) to incorporate the use of the Regional Placement Verification Form or Operator developed instrument that meets PRH requirements. Additionally, operators must establish procedures to verify and document 100% of initial placements. Placement verification shall be considered verified when the documentation requirements defined in PRH 4.5R3 and PRH exhibit 4-2 are met. The Region 2 Placement Verification Form may be used in all cases where an official pay stub and/or other direct employer written confirmation is determined to be unverifiable.
2. Establish procedures and conduct periodic self evaluations and audits to ensure integrity and accountability to reduce likelihood of an unverified questionable placement. Upon receipt of a

questionable placement, forward placement verification information to the GAR for review and final determination.

3. If the Regional Office determines the placement to be invalid, a notice will be provided to the JCDC to remove the placement. The GAR will notify the CTS operator of the decision and the operator shall be required to reimburse the government in the amount of \$750 per invalid placement. Reimbursements shall be posted as a credit on Line 9 of the ETA 2110 CTS report in the month that the notice was provided.

C. Regional Office:

1. Project managers (PMs) shall monitor compliance with the PRH and this supplement through desk and on-site monitoring.
2. The Regional Director shall appoint a Regional Office Questionable Placement Coordinator to collaborate with PMs to obtain decisions and document validity of questionable placements. The RO Questionable Placement Coordinator shall report the status of Questionable Placements to the Data Center, as required.
3. The project managers will notify the operator, in writing, that they are being held financially responsible for the cost associated with the particular placement found to be invalid and ensure the credit is applied as outlined above.

5. Inquiries:

Questions regarding the information contained in this supplement should be directed to Mr. Alex Hodges, Regional Office Questionable Placement Coordinator at (215) 861-5508 or your GAR.

Attachment – Placement Verification Form

Placement Verification Form



The below named former Job Corps student has informed us that (s)he is either in the armed forces, employed or attending school at your location. Job Corps, a federally funded program administered by the US Department of Labor, requires that we obtain written confirmation of all Military/Job/School placements for all program graduates. We respectfully request that you complete and sign the appropriate sections of this form and submit it to us at the address or fax number provided in the lower right corner.

THANK YOU FOR ASSISTING US IN HELPING TODAY'S YOUTH!

Student:	SSN:	Request Date:
PLACEMENT ENTITY'S GENERAL INFORMATION		
Military Branch/Employer /School Name:		
Address:		
City/State/Zip:		
Telephone Number:		
FOR EMPLOYMENT/MILITARY PLEASE COMPLETE THE FOLLOWING:		
Employment Start Date: ____/____/____ Current Hourly Wage: \$_____ Average Tips/Commission per hour:\$_____ Job Title/Rank: _____ Job Duties: _____	Please give dates of a week in which 20 hours or more were worked: Dates: ____/____/____ to ____/____/____ Total Hours this week: _____	
FOR SCHOOL PLEASE COMPLETE THE FOLLOWING:		
Please attach a copy of an attendance or absence record, if available.		
Class Start Date: _____ Expected Duration: _____	College, credit hours taken per quarter/semester: _____ School/training program, hours in class (within seven consecutive days): _____	
VERIFYING INDIVIDUAL'S INFORMATION:		
Printed Name:		
Signature:		
Title:		Date Signed:
Please affix your stamp/ official seal or business card here :	[Type CT Specialist's Name] [Type CT Specialist's Title] [Type Provider's Name] [Type Provider's Street Address] [Type Provider's City, State, ZIP] [Type Provider's Phone Number & Fax Number]	